

MATTERS ARISING

Actinomyces israelii in the female genital tract

I have been reading with interest Dr Evans' review of *Actinomyces israelii* in the female genital tract.¹ I am troubled by his suggestion that the IUCD should be removed in symptomless patients. Sperm remains viable in the female genital tract for at least 5 days and I would recommend that if intercourse has taken place in the past week, another method of contraception should be provided and the IUCD removed when there is no longer a risk of pregnancy or that the IUCD be removed immediately and replaced by another.

In the few cases I have seen and treated by the above methods, cervical smears taken at 3 months have all been actinomycosis free.

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1 Evans DTP. Actinomycosis in the female genital tract. *Gen Med* 1993;69:54-9.

The importance of ethnicity as a risk factor for STDs and sexual behaviour

A number of papers have addressed the relevance of race, country of birth and "ethnicity" in the epidemiology of sexually transmitted diseases. A recent example is the paper by Hooykaas *et al.*¹ Here the authors speak of Turkish men, Surinam men, Dutch men. They say that the country of birth was a strong predictor of STDs. We feel that the country of birth, nationality and ethnicity are not surrogates for one another. Sexual mores are often culturally modulated and religion, and upbringing are factors worth studying. We suggest that: firstly, the terminology employed should be defined by the researchers if it is not in accord with a standard dictionary (eg, the Shorter Oxford) and secondly, religion (even if only nominal) should be recorded when collecting the data. Some Surinam people, for example, are Creoles, others are Hindustanees and so on. Their religions include Christianity, Islam, Hinduism. Men born in Turkey would fall in to two main groups: Turks and Kurds. The Kurds may well exhibit a different pattern of sexual mores from the Turks. We believe that a study of the cultural and religious characteristics of the patients recruited in similar studies would be more rewarding than the analyses published so far.

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1 Hooykaas C, van der Velde FW, van der Linden MMD, van Doornum GJJ, Coutinho RA. The importance of ethnicity as a risk factor for STDs and sexual behaviour among heterosexuals. *Genitourin Med* 1991;67:378-83.

NOTICES

11th Regional Conference of Dermatology

This will be held 21-24 May 1994 in Singapore. The theme will be *Trends and Recent Developments in Dermatology*. Information may be obtained from: The Secretariat, 11th Regional Conference of Dermatology, c/o Conference and Exhibition Management Services Pte Ltd, 09-43 World Trade Centre, Republic of Singapore 0409, Attention Maggie Phang.

The Medical Society for the Study of Venereal Diseases (MSSVD) Undergraduate Prize Regulations

- 1 A prize of £200.00 to be called the MSSVD Undergraduate Prize, will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).
- 2 Entries for the prize will take the form of a report written in English.
- 3 The subject of the report should be related to sexually transmitted disease, genitourinary medicine or HIV infection.
- 4 The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2,000 words, should include an introduction to the subject, methods used to make the observations, findings and discussion. A summary of the report on a separate sheet should also be provided. Entries must be machine or type-written and double spaced on one side only of A4 paper. Three copies must be submitted.
- 5 The subject must be approved by a genito-urinary physician to the entrant's medical school. The observation must be made before full registration. A winner may not enter for the Prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.
- 6 Entries should be submitted to the Hon Secretary of the Medical Society for the Study of Venereal Diseases by 30th June each year. They will then be considered by the President, the Hon Secretary and the Hon Treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to Council who will make the final decision concerning the Prize.
- 7 Entries must be submitted within 12 months of full registration or its equivalent.
- 8 Regulations are obtainable from the Hon Secretary MSSVD.
- 9 The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

BOOK REVIEW

Colour guide—HIV infection and AIDS. By MA Birchall, SM Murphy, Edinburgh, Churchill Livingstone. (£7.95: pp 121). 1992. ISBN 0-4430-4578-X.

The authors of this slim paper back have succeeded in providing an easy to read book containing a lot of useful information. For its size, the book is surprisingly comprehensive, covering a wide spectrum of diseases related to HIV infection. The diagnosis, clinical features and management of each condition is discussed with sections on pathology and aetiology where appropriate. The majority of the slides are excellent with some old favourites but a number of new slides.

I am unclear to whom the authors have pitched this book. If as stated on the back cover the market is "students and health care specialists in all fields of medicine" then it would have been helpful to include a list of abbreviations at the front to avoid hunting through the text to find the meaning of BAL, GIT, MAI, CMV etc. There is also no indication in most chapters of what are the common or rare presentations of HIV disease. Six of 26 chapters are dedicated to otolaryngology with three separate chapters, albeit short, on the ear (would this have any connection with the specialist area of one of the authors?!). Arrows indicating the abnormalities mentioned in the captions of the histology and electron micrography slides would be very helpful for non-specialists.

The authors devised a logical list of contents. However, the chapter on "Early clinical features" left me confused. It is not clear whether the chapter refers to early clinical features of AIDS or HIV infection. I presumed the latter but references made to the onset of late disease and the inclusion of a section on oral candidiasis in this chapter left me in doubt. The index was not comprehensive. In particular some therapeutic agents mentioned in the text were omitted.

These are just minor criticisms of an otherwise well presented and useful guide. As a specialist in the field, I would see no reason to buy it but as an introduction to the topic, for quick revision and painless learning it certainly fits the pocket.

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